PATCHT ADDI ICATION FEE DETERMINATION SECOND								4	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10798616					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26					RATE FEE		1	RATE	FEE	
FOR '			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 385.00		OR	BASIC FEE	770.00.	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		· 6	· 6		XS 9=		OR	XS18=	102	
INDEPENDENT CLAIMS			2 m	inus 3 =	-			X43=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				<b>—</b>	+145=		OR	+290=		
* 1	the difference	e in column 1 is	less than zero, enter "0" in column 2			T(	OTAL		OR	TOTAL	878		
	CLAIMS AS AMENDED - PART II										OTHER	THAN	
г	(Column 1)		· (Colum				SMAL		ENTITY OR		SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .		Migus /	15		=	·×	\$ 9=		OR	X\$18=		
AME	Independent	• ()	Miras \			=	X43=			OR	X86=		
٢		NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+1	45=	•	OR	+290=		
6	6 14 25							TOTAL T. FEE			TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	A001	I. FEE		•	-DUII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• ·	Minus	** .	•	•	X	9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	ENOCAT.	CI 4144	-	X4	13=		OR	X86=		
	ring i Prese	MATION OF MC	Lifte ber	ENDENT			+1	45=		OR	+290=		
								TOTAL		OR ,	TOTAL LODIT, FEE		
(Column 1) (Column 2) (Column 3)									•	Ī		•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	FLA	TE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		-	XS	9=	l	OR	X\$18=		
	Independent		Minus	***		=	X4	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20."  ** ADDIT SEE												-	
-	f the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Paid	id For IN THE	S SPACE is	less that	n 3. enter "3."	ADDIT		<del></del>		DDIT. FEE <b>L</b> mn 1.		

FORM PTO-875 (Rev. 10/03)

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